

## ***Sample Sexual Assault Services Client Survey***

Introduction: Please help us improve our services by sharing your experience with us.

Directions: Please indicate your level of agreement with the following statements:

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Neutral</i>
1. I have a better understanding of the effects of crisis and trauma on my life.	(5)	(4)	(3)	(2)	(1)
2. My crime-related symptoms (e.g., sleeplessness, nervousness, fear or anxiety, etc.) are less frequent or less severe since I became involved with this agency.	(5)	(4)	(3)	(2)	(1)
3. I am satisfied with the services I have received through this program.	(5)	(4)	(3)	(2)	(1)
4. This agency helped me learn how to access benefits or community resources.	(5)	(4)	(3)	(2)	(1)
5. This agency helped me to recognize my legal rights.	(5)	(4)	(3)	(2)	(1)
6. I am using the skills I learned at this agency to cope with my situation.	(5)	(4)	(3)	(2)	(1)

***Thank you for your assistance in completing our survey!***